PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003.

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
			(Column 1)		(Column 2)			TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			9			<u> </u>	·	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		• Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		0			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter						column 2	į	TOTAL		OR	TOTAL	720	
	^			L	, •	OTHER	- /						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)							_	SMALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 23	Minus	** &	20	- 3		X\$ 9=		OR	X\$18=	150.00	
	Independent	・ ス	Minus		3	= Ø		X43=		OR	X86=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
TOTAL										1 1		150 0	
(Column 1) (Column 2) (Column 3)												13011	K
AMENDMENT B		(Column 1) CLAIMS]	HIGH		(Column 3)	1 r		ADDI	1		ADDI	Ì
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	-OR	=	11	X\$ 9=	FEE	OR	X\$18=	PEE	
	ind pendent	*	Minus	***		5	1 }	X43=			X86≈		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDEN			ENDENT	CLAIM		l	740-		OR	7,00-		
			· ·	•		•	l	+145=		OR	+290=		
TOTAL OR TOTAL ADDIT. FEE													
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	<u>;</u>	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
MON	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		8		X43=		00	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
* If the entry in column 1 is less than th entry in column 2, write "O" in column 3.										OR	+290=		
t	the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE IS	less than	n 20, enter "20.	. A	TOTAL DOIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r foui	nd in the app	ropriate box	in cot	umn 1.		